
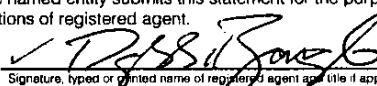



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90114 033 \*\*\*\*50.00

<b>DOCUMENT # L03000019245</b> 1. Entity Name <b>ENGLEWOOD PROPERTY HOLDINGS, LLC</b>			
Principal Place of Business <b>325 LAUREL ROAD EAST NOKOMIS, FL 34275</b>		Mailing Address <b>325 LAUREL ROAD EAST NOKOMIS, FL 34275</b>	
2. Principal Place of Business - No P.O. Box # <b>1950 Whispering Pines Pt.</b>		3. Mailing Address <b>1950 Whispering Pines Pt.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Englewood, FL</b>		City & State <b>Englewood, FL</b>	
Zip 		Zip 	
Country 		Country 	
4. FEI Number <b>41-2097406</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BATTAGLIA, DOUGLAS S 1225 ROSEDALE ROAD VENICE, FL 34292</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1950 WHISPERING PINES PT.</b> City <b>Englewood</b> <b>FL</b> Zip Code <b>34223</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <b>04/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTAGLIA, DOUGLAS S MEMBER	NAME	
STREET ADDRESS	1225 ROSEDALE ROAD	STREET ADDRESS	<b>1950 WHISPERING PINES PT.</b>
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	<b>Englewood, FL 34223</b>
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAUF, MARK H MEMBER	NAME	
STREET ADDRESS	1084 KANT ST.	STREET ADDRESS	<b>1950 WHISPERING PINES PT.</b>
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	<b>Englewood, FL 34223</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: <b>04/19/07</b> (941) 232-5391 <small>Daytime Phone #</small>	